Somatoform symptoms occur in the absence of clear organic pathology. Typically, such symptoms are long-lasting and disabling. Somatoform symptoms and disorders are highly prevalent in primary care. The course of somatoform disorders is mostly chronic, and remission rates are low. Multiple factors influence the development and perpetuation of somatoform disorders. Currently, there is strong debate about the classification of somatoform disorders, and it is very likely that there will be significant changes in the classification of somatoform disorders in the upcoming DSM-V. With regard to the psychotherapeutic treatment of somatoform disorders, there is empirical evidence for the efficacy of cognitive-behavioral as well as psychodynamic-interpersonal strategies. Pharmacotherapy plays a minor role, but it can be useful mainly in cases of comorbid depression or anxiety.